

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90026 029 \*\*\*\*70.00

**DOCUMENT # N00000004949**

1. Entity Name  
**PRAYERTIME CHURCH AND WORLD OUTREACH, INC.**



Principal Place of Business      Mailing Address  
**7401 VALRIE LANE      7401 VALRIE LANE**  
**RIVERVIEW FL 33569      RIVERVIEW FL 33569**

**66005977**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/07)

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3665900**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional  
Fee Required

b. Name and Address of Current Registered Agent  
**FARRELL, CARL M REV.**  
**7401 VALRIE LANE**  
**RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, type or print name of registered agent and file. (NOTE: Registered Agent signature must be used when registering.)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.      \$5.00 May Be  
Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCEO<br>FARRELL, CARL M REV<br>7401 VALRIE LANE<br>RIVERVIEW FL 33569 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>KEELS, CAMILLE A<br>3703 BELLWATER BLVD.<br>RIVERVIEW FL 33569 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FARRELL, IRMA M<br>7401 VALRIE LANE<br>RIVERVIEW FL 33569 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>FARREL, CARL<br>7401 VALRIE LANE<br>RIVERVIEW FL 33569 <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CORRESPONDENCE SEC.<br>LISA CRAWFORD<br>6222 WATERMARK DR #204<br>RIVERVIEW FL 33578 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** REV. CARL FARRELL      3-26-08 (813)      671-2440

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Certificate Number